

STATE OF MONTANA DEPARTMENT OF CORRECTIONS POLICY DIRECTIVE

Policy No. DOC 3.3.5	OFFENDER/STAFF COMMUNICATION METHODS		
Chapter 3: FACILITY/PROGRAM OPERATIONS		Page 1 of 3 and Attachment	
Section 3: Rights and Privileges		Effective Date: May 1, 1998	
Signature: /s/ Mike Ferriter, Director		Revised: 01/10/01; 07/08/05; 04/26/07; Reviewed: 10/24/06; 05/28/08	

I. POLICY

The Department of Corrections facilities will establish a system for offenders to communicate in writing with facility staff using an approved Offender/Staff Request form (OSR). In addition to using the OSR system, offender and staff are encouraged to engage in respectful dialogue to promote the safe and secure operation of the facility.

II. APPLICABILITY

Department and contracted facilities.

III. DEFINITIONS

<u>Administrator</u> – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility, or program operation and management.

<u>Facility</u> – Refers to any prison, correctional facility, correctional or training program under Department jurisdiction or contract.

Offender/Staff Request (OSR) – An official Department form, commonly referred to as a "kite," designed for offenders to communicate with staff and by which staff may respond to offenders.

IV. DEPARTMENT DIRECTIVES

A. General Principles

- 1. Proper and effective communication between offenders and staff is essential to the safe, secure, and orderly operation of Department of Corrections facilities and to the successful completion of the offender's corrections plans.
- 2. Offenders and staff communicate with each other not only with their choice of words (oral or written) but also non-verbally through their manner, tone, and approach ("body language"). Staff and offenders are jointly responsible for ensuring their choice of words, manner, tone, and approach are appropriate to properly and effectively convey their intended information and ideas to one another.
- 3. Offenders will communicate with staff in a civil and respective tone and manner.
- 4. Staff will communicate with offenders in a professional manner appropriate to the

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circumstances that fosters respect and confidence.

5. Offenders are encouraged to communicate and resolve any concerns at the lowest level possible within the facility organizational structure. If concerns cannot be readily resolved using the OSR system, offenders have the option to use the Department's internal grievance and appeal system in accordance with *DOC Policy 3.3.3*, *Offender Grievance Program*.

B. Facility Responsibilities

- 1. Each facility will develop an offender/staff written communication method that conforms to the general requirements of this policy.
- 2. The administrator must ensure that all offenders are made aware of the content of this policy.
- 3. Each facility will develop a tracking and filing system for Offender/Staff Request forms to ensure that safety, security, and case management issues are addressed and retained on file as deemed necessary by appropriate facility staff.

C. Offender Use of Request Forms

- 1. Offenders wishing to communicate with staff in writing must use the OSR form provided by the facility (see Attachment).
- 2. Exceptions to the use of the OSR for offender to staff communication will be made when the correspondence requires use of the following specific forms:
 - grievance forms
 - medical and dental health care requests
 - classification and disciplinary appeals
- 3. Offenders may be subject to disciplinary action for communicating with staff in writing by using other than an approved form (for example by card, note, or letter).
- 4. Offenders will limit each OSR to one issue, use only the space provided on the form, and may not send attachments with the form. Offenders are prohibited from sending the same or a similar OSR to multiple staff members in a manner that burdens the system.
- 5. The OSR is intended for use by an individual offender and therefore an offender may not send an OSR form from multiple offenders.
- 6. Offenders will not use demeaning, threatening, profane, or vulgar language. Offenders may be subject to disciplinary action if they misuse the OSR system or if they use the system to harass or abuse others.
- 7. OSR forms will be mailed, via the facility internal mail system, either sealed or unsealed, and will be addressed to the appropriate staff member.
- 8. Offenders may provide additional information pertaining to their questions or concerns when requested by staff to do so.

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9. Offender noncompliance with the requirements of this policy may result in the OSR being returned unanswered to the offender.

D. Staff Use of Request Forms

- 1. Staff will ensure that OSR forms are readily available in each housing unit and from unit management staff.
- 2. Staff response to the OSR may be either written or verbal. If staff cannot provide a timely answer to a request, they will acknowledge receipt of the request and provide the offender with an anticipated date of response.
- 3. If staff determines that the issue addressed in the OSR is an emergency or involves safety or security issues, the OSR must receive immediate attention. Staff will provide a response to the offender within 24 hours from receipt of the OSR.
- 4. When the receiving staff member determines that an alternative communication method (such as grievance or disciplinary appeal) is more appropriate, the staff member will provide this explanation to the offender on the OSR form.
- 5. No staff member will intercept, stop, destroy, delay or otherwise attempt to interfere with OSR forms that comply with the facility's OSR system.

V. CLOSING

Questions concerning this policy should be directed to the facility administrator.

VI. REFERENCES

A. <u>DOC Policies 1.5.5</u>, Case Records Management; 3.3.3, Offender Grievance Program; 4.1.2, Offender Reception and Orientation

VII. ATTACHMENT

Offender/Staff Request Form

OFFENDER/STAFF REQUEST (OSR) FORM

TO:			DATE:
	(Name and title of sta	ff person)	
OFFICIORD NAME.			
OFFENDER NAME:	TD //		* 13 Y * 17
	ID#	FACILITY:	UNIT:
SUBJECT: (Briefly state your	question or concern a	and the solution you are requesting	. Please be specific and limit your
explanation to the space provided)		-
	,		
STAFF RESPONSE: (for s	staff use only)		
STATE RESTORES. (101)	starr ase omy)		
	1		
(Staff Member Si	onature)	(Job Title)	(Date)